Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatients and Accident and Emergency data, April 2016 to July 2016

NHS Digital

## Provisional Monthly HES data for Admitted Patient Care

This publication releases provisional[1] monthly HES (Hospital Episode Statistics) data for NHS Hospitals in England and activity performed in the independent sector in England commissioned by English NHS. Further details about the publication of monthly HES are here.

Key Facts

In the year from August 2015 to July 2016 there were:

- 19.3 million finished consultant episodes (FCEs)[2] , 59.8% (11.5 million) of which included at least one procedure or intervention, and 6.9 million of which were day cases.
- 16.3 million finished admission episodes (FAEs)[3] , of which 5.8 million were emergency admissions.

Inpatient Monthly Activity by episode / admission type

Month of Activity (data from April 2015 is provisional)
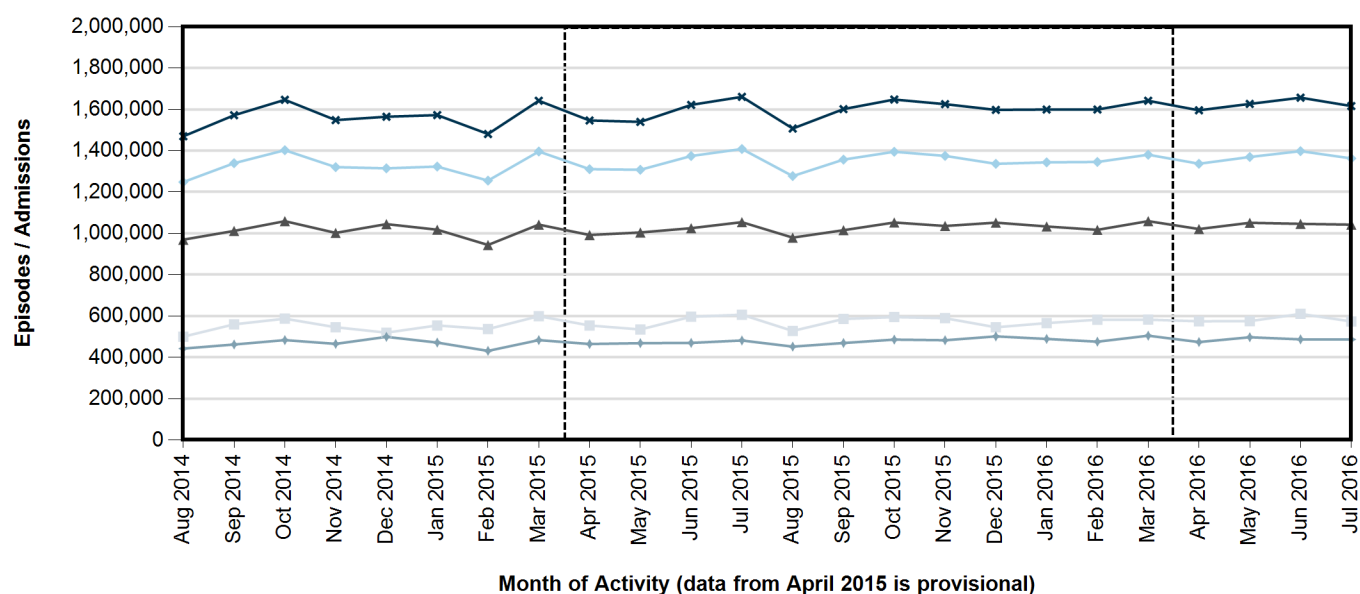
Legend: Finished Consultant Episodes · Ordinary Episodes · Day Case Episodes · Finished Admission Episodes · Emergency Admissions

Rolling 12 month period comparison	August 2014 to July 2015	August 2015 to July 2016	% change
Total Finished Consultant Episodes[2]	**18,861,414**	**19,312,294**	**2.4%**
% FCEs with a procedure[4]	60.7%	59.8%	-
Ordinary Admission Episodes[5]	12,166,400	12,404,272	2.0%
Day Case Episodes[6]	6,695,014	6,908,022	3.2%
Finished Admission Episodes[3]	**15,999,751**	**16,275,870**	**1.7%**
Emergency Admissions[7]	5,623,601	5,806,133	3.2%

Year to date comparison	April 2015 to July 2015	April 2016 to July 2016	% change
Total Finished Consultant Episodes[2]	**6,367,550**	**6,494,062**	**2.0%**
% FCEs with a procedure[4]	61.0%	59.4%	-
Ordinary Admission Episodes[5]	4,075,403	4,160,194	2.1%
Day Case Episodes[6]	2,292,147	2,333,868	1.8%
Finished Admission Episodes[3]	**5,400,687**	**5,466,668**	**1.2%**
Emergency Admissions[7]	1,884,789	1,944,979	3.2%

Footnotes

1. Provisional data

The data is provisional and may be incomplete or contain errors for which no adjustments have yet been made. Counts produced from provisional data are likely to be lower than those generated for the same period in the final dataset. This shortfall will be most pronounced in the final month of the latest period, e.g December from the (month 9) April to December extract. It is also probable that clinical data are not complete, which may in particular affect the last two months of any given period. There may also be errors due to coding inconsistencies that have not yet been investigated and corrected.

2. Finished consultant episode (FCE)

A finished consultant episode (FCE) is a continuous period of admitted patient care under one consultant within one healthcare provider. FCEs are counted against the year in which they end. Figures do not represent the number of different patients, as a person may have more than one episode of care within the same stay in hospital or in different stays in the same year.

3. Finished admission episodes (FAE)

A finished admission episode (FAE) is the first period of admitted patient care under one consultant within one healthcare provider. FAEs are counted against the year in which the admission episode finishes. Admissions do not represent the number of patients, as a person may have more than one admission within the year.

4. FCEs with a procedure (or intervention)

These figures represent the number of episodes where the procedure (or intervention) was recorded in the main operative procedure field in a Hospital Episode Statistics (HES) record. Please note that more procedures are carried out than the number of episodes with a main procedure. FCEs with an intervention or procedure include:
OPCS 4.7 codes A00-O10, O15, O17-O27, O29, O32, O34-R02, R04-X98.

5. Ordinary admission episode

Ordinary admissions are patients who have been admitted for treatment. The intention is for treatment to be concluded in longer than one day. If, unexpectedly, the patient is not kept overnight, the episode remains as an ordinary admission.

6. Day case episode

Day cases are patients who have been admitted for treatment just for the day. There are therefore always single episode spells with a duration of zero days. The intention is for treatment to be concluded in one day. If, unexpectedly, the patient is kept overnight, it must be re-classed as an ordinary admission.

7. Emergency admissions

The count of admission episodes with an admission method code indicating the admission was an emergency admission:
21 = Emergency: via Accident and Emergency (A&E) services, including the casualty department of the provider,
22 = Emergency: via General Practitioner (GP),
23 = Emergency: via Bed Bureau, including the Central Bureau,
24 = Emergency: via consultant outpatient clinic
25 = Emergency: admission via Mental Health Crisis Resolution Team
28 = Emergency: other means, including patients who arrive via the A&E department of another healthcare provider).
2A = Emergency: A&E Department of another provider where the PATIENT had not been admitted
2B = Emergency: transfer of an admitted PATIENT from another Hospital Provider in an emergency
2C = Emergency: baby born at home as intended
2D = Emergency: other emergency admission

Data quality

Hospital Episode Statistics (HES) are compiled from data sent by more than 300 providers in England and from some independent sector organisations for activity commissioned by the English NHS. NHDS Digital liaises closely with these organisations to encourage submission of complete and valid data and seeks to minimise inaccuracies. While this brings about improvement over time, some shortcomings remain.

Assessing growth through time

HES figures are available from 1989-90 onwards. Changes to the figures over time need to be interpreted in the context of improvements in data quality and coverage (particularly in earlier years), improvements in coverage of independent sector activity (particularly from 2006-07) and changes in NHS practice. For example, changes in activity may be due to changes in the provision of care.

Activity included

Activity in English NHS Hospitals and English NHS commissioned activity in the independent sector.

Source statement

Source: Hospital Episode Statistics (HES), NHS Digital. NHS Digital is the trading name of the Health and Social Care Information Centre.
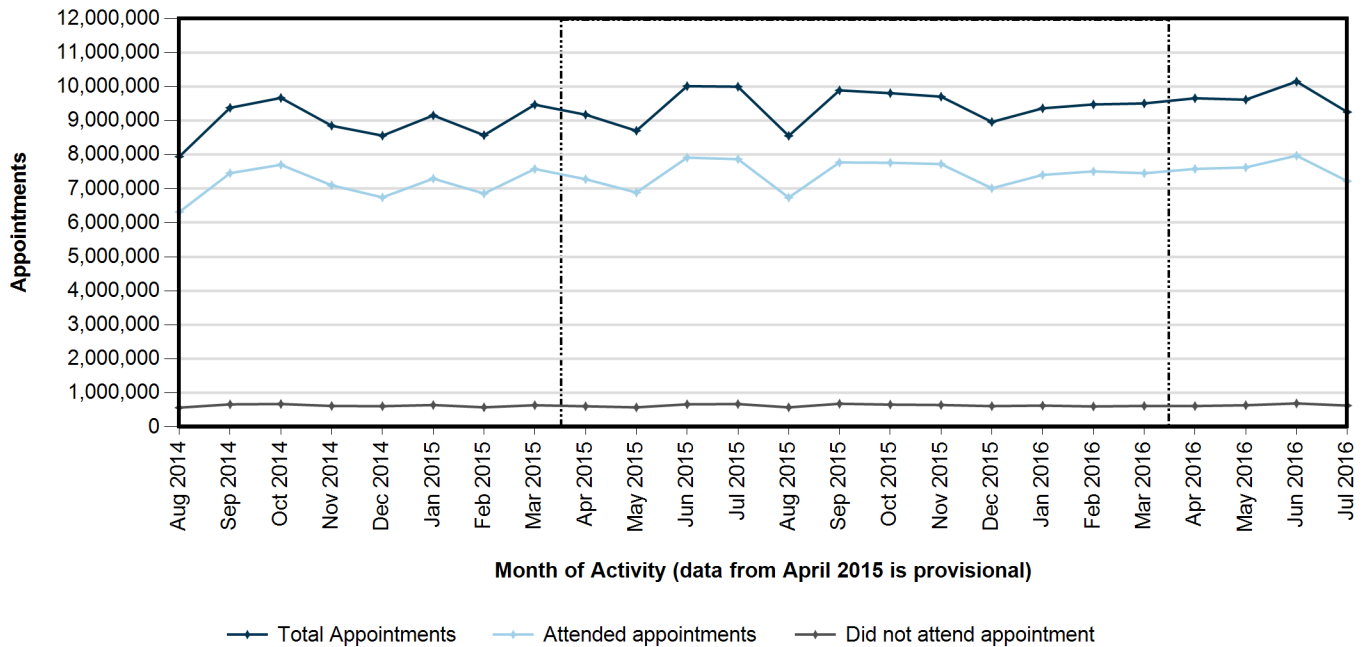
Provisional Monthly HES data for Outpatients[1]

This publication releases provisional[2] monthly HES (Hospital Episode Statistics) data for NHS Hospitals in England and activity performed in the Independent sector in England commissioned by English NHS. Further details about the publication of monthly HES are here.

Key Facts

In the year from August 2015 to July 2016 there were:

- 113.9 million outpatient appointments made, with 89.8 million (78.8%) of these attended by the patient.
- 7.6 million outpatient appointments not attended by the patient, representing 6.6% of all appointments.

Outpatient Monthly Activity by appointment type

Month of Activity (data from April 2015 is provisional)

⟶ Total Appointments   ⟶ Attended appointments   ⟶ Did not attend appointment

Please note: Total appointments include: attendances, did not attend and cancellations (by either the hospital or patient).

Rolling 12 month period comparison	August 2014 to July 2015	August 2015 to July 2016	% change
Total Appointments[3-4]	109,471,649	113,926,617	4.1%
Attended Appointments	86,994,625	89,767,996	3.2%
% of all appointments	79.5%	78.8%	-
Did not attend appointment	7,485,234	7,565,063	1.1%
% of all appointments	6.8%	6.6%	-
Follow-up attendances for each first attendance	2.29	2.24	-

Year to date comparison	April 2015 to July 2015	April 2016 to July 2016	% change
Total Appointments[3-4]	37,885,762	38,672,527	2.1%
Attended appointments	29,945,045	30,395,571	1.5%
% of all appointments	79.0%	78.6%	-
Did not attend appointment	2,512,351	2,563,080	2.0%
% of all appointments	6.6%	6.6%	-
Follow-up attendances for each first attendance	2.27	2.18	-

Footnotes

1. Outpatient

Patients treated within hospital but not admitted to hospital.

2. Provisional Data

The data is provisional and may be incomplete or contain errors for which no adjustments have yet been made. Counts produced from provisional data are likely to be lower than those generated for the same period in the final dataset. This shortfall will be most pronounced in the final month of the latest period, e.g December from the (month 9) April to December extract. It is also probable that clinical data are not complete, which may in particular affect the last two months of any given period. There may also be errors due to coding inconsistencies that have not yet been investigated and corrected.

3. Appointment count

The number of planned/booked appointments for outpatients. The HES database contains one row per appointment that was made, whether it was attended or not.

4. Attendance type

Attendance type identifies whether the patient:
- Attended an appointment (these figures are shown in the above table under the heading 'attended appointment')
- Did not attend the appointment, which means the patient did not arrive for their specified appointment (these figures are shown in the above table under the heading 'did not attend appointment')
- Hospital or patient cancelled the appointment (these figures are not shown in the above table)

Outpatient Data quality

Outpatient Hospital Episode Statistics (HES) were collected for the first time in 2003-2004 and data quality, particularly for clinical information, remains poor. It is not mandatory for providers to code procedures and diagnoses on outpatient records and therefore the coverage for clinical information is low. The poor coverage may in part be accounted for by the fact that there may be no appropriate OPCS-4 code available, or that the cause of morbidity was unknown. In 2009-10 around 3% of records had a known cause of morbidity and 16% of records had completed or appropriate OPCS-4 procedure codes. We have no reliable existing data source to validate this data against, as Department of Health aggregate returns have never collected clinical codes; it is not clear how representative the figures are. The data represents a sample of outpatient attendances. Statistical estimates (such as median and 90th percentile waiting times for main operations) must be regarded as potentially unreliable until it is possible to assess the quality of local coding.

Assessing growth through time

HES figures are available from 2003-04 onwards. Changes to the figures over time need to be interpreted in the context of improvements in data quality and coverage (particularly in earlier years), improvements in coverage of independent sector activity (particularly from 2006-07) and changes in NHS practice. For example, changes in activity may be due to changes in the provision of care.

Activity included

Activity in English NHS Hospitals and English NHS commissioned activity in the independent sector.

Source statement

Source: Hospital Episode Statistics (HES), NHS Digital. NHS Digital is the trading name of the Health and Social Care Information Centre.

Provisional[1] Monthly HES data for Accident & Emergency

This publication releases provisional[1] monthly Accident and Emergency Hospital Episode Statistics (A&E HES) data for NHS Hospitals in England. Further details about the publication of monthly HES are [here](#).

The official source of A&E information is monthly A&E sit-reps (A&E situation reports), published by NHS England. Howvever, A&E HES data is able to provide more detailed and further information about recorded A&E attendances. The number of recorded attendances in 2014/15 A&E HES has increased by 5.8% since 2013/14, compared to a 2.6% increase in sit-reps attendances. Therefore, caution should be used when comparing years, as increases may be a reflection of improvements in coverage, rather than actual increases in attendances.

Key Facts

In the year from August 2015 to July 2016 there were:

- 20.8 million A&E attendances recorded in A&E HES of which 4.2 million (20.1%) resulted in admission to hospital for admitted patient care. 4.1 million (19.8%) resulted in a GP follow up, and 7.7 million (37.1%) were discharged with no follow up.

Percentage of recorded A&E attendances[1] each month by age group
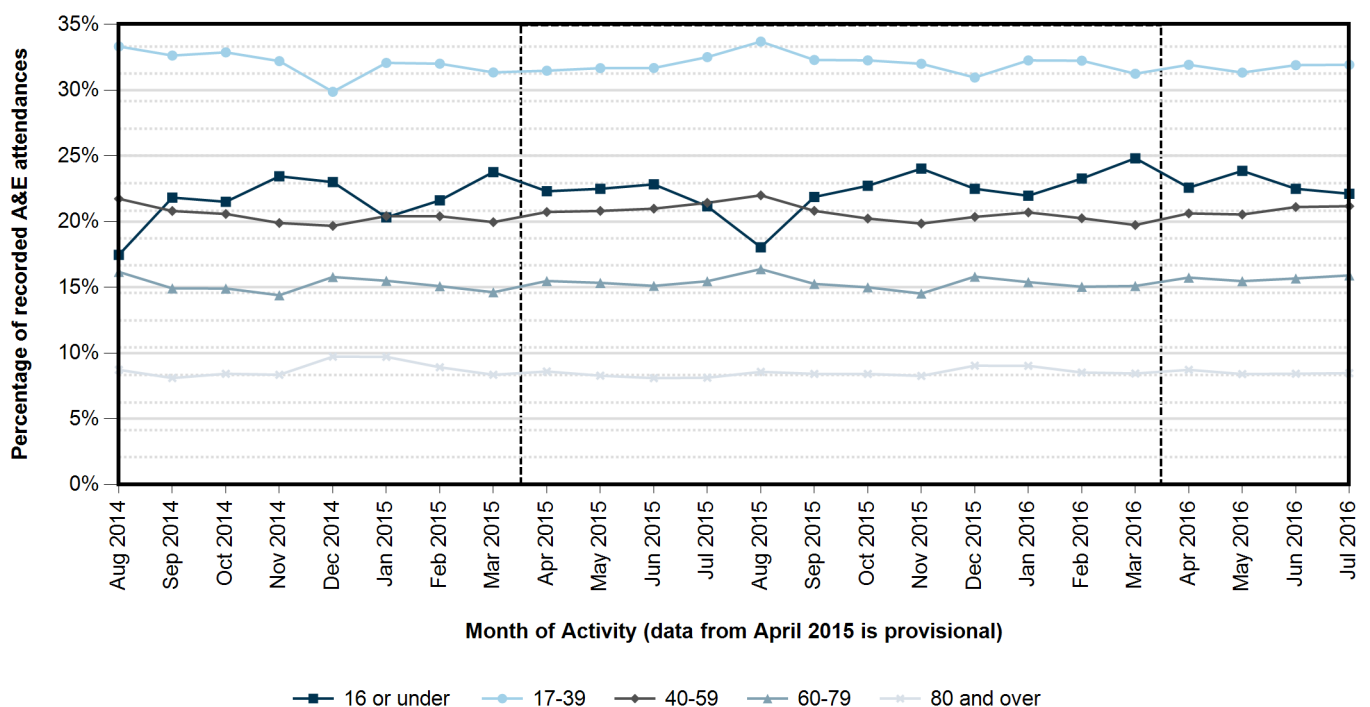
Number of A&E attendances[3] by method of discharge: Rolling 12 month period comparison

Rolling 12 month period comparison	August 2014 to July 2015	August 2015 to July 2016	Growth / Improvement in coverage
Total	19,630,285	20,766,330	5.8%
Admitted / became a lodged patient[4]	4,017,461	4,183,186	4.1%
Discharged - GP follow up[5]	3,880,055	4,119,216	6.2%
Discharged - no follow up[5]	7,398,960	7,694,112	4.0%
Referred[6]	2,493,345	2,603,328	4.4%
Others	1,840,464	2,166,488	17.7%

Number of A&E attendances[3] by method of discharge: Year to date comparison

Year to date comparison	April 2015 to July 2015	April 2016 to July 2016	Growth / Improvement in coverage
Total	6,859,434	7,123,424	3.8%
Admitted / became a lodged patient[4]	1,343,204	1,404,474	4.6%
Discharged - GP follow up[5]	1,354,800	1,387,923	2.4%
Discharged - no follow up[5]	2,606,003	2,659,308	2.0%
Referred[6]	899,843	909,437	1.1%
Others	655,584	762,282	16.3%

Footnotes

1. Provisional Data

The data is provisional and may be incomplete or contain errors for which no adjustments have yet been made. Counts produced from provisional data are likely to be lower than those generated for the same period in the final dataset. This shortfall will be most pronounced in the final month of the latest period, e.g. December from the (month 9) April to December extract. It is also probable that clinical data are not complete, which may in particular affect the last two months of any given period. There may also be errors due to coding inconsistencies that have not yet been investigated and corrected.

2.Accident and Emergency Weekly Situation Reports (sit-reps)

The collection process used for A&E HES data is very different from the process used for collecting the other nationally published source of information on A&E activity, the monthly A&E situation reports (sit-reps). Monthly sit reps are based on counts made in local NHS organisations and submitted to the Department of Health in aggregate form, rather than from patient level data.

This aggregate data is still the official source of A&E information and should be used in preference to A&E HES for information that is held in both datasets. It is available here: http://www.england.nhs.uk/statistics/ae-waiting-times-and-activity/

3. A&E attendances

A&E Attendances in HES, related to the number of recorded attendances. A&E attendances do not represent the number of patients, as a person may have more than one admission within the year. Provisional HES A&E figures include planned follow up attendances.

4. Admitted became a lodged patient

A PATIENT temporarily accommodated in an Accident and Emergency Department or elsewhere for whom a DECISION TO ADMIT has been made; but who remains waiting in the nursing care of the Accident and Emergency Department for longer than is appropriate for his/her condition before moving to a WARD.

5. Discharged

Discharged - GP follow up = Discharged from A&E case load to the GP for further assessment or treatment.
Discharged - no follow up = Discharged without any follow-up, meaning that patient does not need any further advice or treatment and is discharged from A&E's caseload and any other care provider for the originating medical condition.

6. Referred

The patient is advised to seek medical care under another care provider, which maybe a Dentist, GP, in hospital Medical consultant (Main Specialty), Surgical Consultant, Social Services, or referred to another A&E X-Ray department.

A&E data quality

Accident and Emergency Hospital Episode Statistics (A&E HES) are compiled from data submitted by more than 210 providers in England. NHS Digital liaises closely with these organisations to encourage submission of complete and valid data and seeks to minimise inaccuracies. While this brings about improvement over time, some shortcomings remain.

Assessing growth through time

HES figures are available from 2007-08 onwards. Changes to the figures over time need to be interpreted in the context of improvements in data quality and coverage and changes in NHS practice. For example, changes in activity may be due to changes in the provision of care.

Activity included

Activity in English NHS Hospitals and English NHS commissioned activity in the independent sector.

Source statement

Source: Hospital Episode Statistics (HES), NHS Digital. NHS Digital is the trading name of the Health and Social Care Information Centre.

What can HES Monthly data be used for?

High level, aggregate analysis demonstrating approximate trends in activity.

What should HES Monthly data not be used for?

Lower level analysis should be approached with caution as not all activity will be correctly processed until the final annual data is produced.

Contact us

If you would like to discuss this publication in more detail or particular uses of monthly HES data then please contact us at enquiries@nhsdigital.nhs.uk quoting 'HES Monthly' in the subject title.

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www.digital.nhs.uk
0300 303 5678
enquiries@nhsdigital.nhs.uk

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